

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10634370  
APPLICANT(S)

FILED DATE 08-05-03

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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27						
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29						
30						
31						
32						
33	1					
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42	1					
43	1					
44		1				
45		1				
46		1				
47	1					
48	1					
49						
50						
TOTAL IND.	5					
TOTAL DEP.		11				
TOTAL CLAIMS	16					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						